

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region2/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region2/waste/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site http://www.epa.gov/enviro/index_java.html is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"Window to My Environment"** Web site <http://www.epa.gov/enviro/wme> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtk.net.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesgg.htm> provides information on Conditionally Exempt Small Quantity Generators.

FOIA Request # EPA-R2-2014-000783

For your information, we have another RCRA file for a company called Matrix Test Equipment Inc. at 200 Wood Avenue in Middlesex, NJ, zip code 08846 and EPA ID No. NJD980779409. If you need further information on this facility, please submit a new request.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/01/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986650059

FACILITY NAME -> PRUDENTIAL INSURANCE CO NGO-W

MAILING ADDRESS -> 200 WOOD AVE S
ISELIN, NJ 08830-1135

INSTALLATION ADDRESS -> 200 WOOD AVE S
ISELIN, NJ 08830-1135

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: DONOVAN, ROBERT
BLDG MGR
PRUDENTIAL INSURANCE CO NGO-W
200 WOOD AVE S
ISELIN, NJ 08830-1135

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

93-05-12

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MTD986650059

II. Name of Installation (Include company and specific site name)

PRUDENTIAL INSURANCE CO. NGO-W

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

200 WOOD AVENUE, SOUTH

Street (continued)

City or Town

ISELIN

State

ZIP Code

NJ 08830-1135

County Code County Name

MIDDLESEX

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

DONOVAN

(first)

ROBERT

Job Title

BUILDING MGR.

Phone Number (area code and number)

908-632-7990

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

PRUDENTIAL INSURANCE CO. OF AM.

Street, P.O. Box, or Route Number

745 BROAD STREET

City or Town

NEWARK

State

ZIP Code

NJ 07102-3777

Phone Number (area code and number)

201-802-6000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Referral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F002	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

ROBERT DONOVAN, BUILDING MGR.

5.10.93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

102693 (Be)
Exp Mail

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

1309866500579

II. Name of Installation (Include company and specific site name)

P R U D E N T I A L I S E L I N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 0 0 W O O D A V E N U E S O U T H

Street (continued)

City or Town

I S E L I N

State

N J

ZIP Code

0 8 8 3 0 -

County Code

County Name

M I D D L E S E X

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

K I N G

(first)

H A L

Job Title

A S S O C M G R

Phone Number (area code and number)

9 0 8 - 6 3 2 - 7 9 9 1

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P R U D E N T I A L S V C C O O F A M E R I C A

Street, P.O. Box, or Route Number

2 1 3 W A S H I N G T O N S T

City or Town

N E W A R K

State

N J

ZIP Code

0 7 1 0 2 - 2 9 9 2

Phone Number (area code and number)

2 0 1 - 8 0 2 - 6 0 0 0

B. Land Type

0

C. Owner Type

0

D. Change of Owner

Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

Sag Bansal / 201802-6335

VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	
	<input type="checkbox"/> 5. Underground Injection Control		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: M. B. Ansari

Name and Official Title (type or print)
DIR, MECH. ENG. SERVICES

Date Signed
10/25/93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Date: 11/5/93

Please note **THIS CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL**, and your **ATTACHED NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name: Procter & Gamble

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2.
If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☐ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification section. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

(over,)

→

10) ☒

Name = Prudential Insurance Co NGO-N

There is an existing EPA Identification Number for the stated installation at the location address you have specified.

To update any information previously provided, please resubmit your form as a **Subsequent Notification**. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification area.

11) ☐

You have submitted a Subsequent Notification form.

Please provide us with a brief explanation of the requested changes.

12) ☐

Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☐

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

☐ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

☐ The above named facility is the previous operator at this location.

☐ Other. Please explain. _____

RCRIS: Notification View Screen 2 of 5

EPA Id: NJD980779409 Other Id: Merge Send: Y
Date Received(MMDDYY): 102284 Source(N/E/S): N Non-Notifier Flag:
Date Acknowledged (MMDDYYYY): 12031984 Send Acknowledgement:
Name of Installation: MATRIX TEST EQUIPMENT INC
Installation Location Address
Streets: 200 WOOD AVENUE
City: MIDDLESEX State: NJ Zip: 08846
County Code: 023 County Name: MIDDLESEX
Installation Mailing Address
Streets: 200 WOOD AVENUE
City: MIDDLESEX State: NJ Zip: 08846
Contact Information
Last Name First Name Title Phone Address(M,L,D)
HARTSELL GENE L PLANT MANAGER 2014699510 L
Streets: 200 WOOD AVENUE
City: MIDDLESEX State: NJ Zip: 08846
Land Type:

Enter-Continue F1-Previous Screen F3-Exit

RCRIS: Notification View Screen 3 of 5

EPA Id: NJD980779409 Other Id: Source: N
Owner Sequence Number: 1
Ownership: OWNERNAME Type of Owner: P
Address of Owner/Operator
Street: NOT REQUIRED
City: NOT REQUIRED State: WY Zip Code 99999
Phone: 2125551212
Current/Previous Indicator: CO Change Date(MMDDYY):

Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner
F6-Prev. Owner F8-Help F9-First F10-Next

RCRIS: Notification View Screen 4 of 5

EPA Id: NJD980779409 Other Id: Source: N
Waste Type RCRA Reg RCRA Reg State Reg State Reg
Activity: Status Desc Status Desc
Generator 1 R
Transporter
TSD
Burner/Blender
HWF Market to Burner HWF Other Market HWF Burner

* Burner Type: Utility Boiler Industrial Boiler Furnace
* Underground Injection Control:
* Recycler:
* Mode of Transportation: Air Rail Highway Water
* Other

* Enter-Continue F1-Previous Screen F3-Exit F9-Help

* ECRIS: Notification View Screen 5 of 5
* EPA Id: NJD980779409 Other Id: Source: N
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
* D002

*Comments:

*Enter-Id Screen F1-Previous Screen F3-Exit
*F9-Help F9-First F10-Next
